

May 04, 2012

To assist Consumers with the problem of finding new Personal Care Assistants, [Consumer Directed Services](#) offers this FREE Newsletter and the FREE Service to Consumers and Personal Assistant Candidates.

- [Consumers / Advocates](#)

- To receive a copy of the weekly Newsletter, a Consumer or Advocate need only send me an email to elitcher@consumerdirectedservices.com and include the text **Newsletter Request**.
- To search for a New Personal Assistant go to the [Consumer Directed Services](#) website and complete the form at the following link [Consumer / Advocate - Search for a PCA Candidate](#). When your information is received it will be distributed to all of the Candidates and the other email Database Resources. As of the above date, **393 Personal Assistant Candidates** have been enrolled in the Consumer Directed Services database.

- [Personal Care Assistant \(PCA\) Candidates](#)

To include your information in the Newsletter and Database, go to the [Consumer Directed Services](#) website and complete the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#).

To insure that this Newsletter will be available to as many Consumers / Advocates as possible, previously distributed Newsletters (**from January 12, 2011 to present**) have been archived on the [Consumer Directed Services](#) home page. Finally, if you have any questions, comments, or recommendations about this service, or should you wish to remove your address from this list, please contact send an email to elitcher@consumerdirectedservices.com.

Best Regards, Ed Litcher

Notes

CDPAP Webinar - Thanks to funding from the New York State Department of Health, CDPAANYS is happy to be able to offer you this opportunity to find out more about the Consumer Directed Personal Assistance Program (CDPAP), including: What is CDPAP; Who is Eligible for CDPAP; and What makes CDPAP different from other long-term care models.

The original English version of the Webinar that was held on Tuesday, April 10, 2012 can be found on the Consumer Directed Personal Assistance Association of New York State website <http://www.cdpaanys.org> or by going to the following link <http://ceacw.org/readytalk/2012/cdpap1/lib/playback.html>, and the Spanish language version of the Webinar that was held on May 1st should be posted on May 2nd.

256 people joined the first Webinar. We have four more, three original topics and one repeat in Spanish, that will be delivered between now and June 30th. As soon as the exact delivery dates become available I will send them to you.

William Lane, Ph.D.
William Lane Associates, LLC

PCA Candidates

Consumer - To consider any of the following PCA Candidates, please contact the Candidates directly. To send an email the currently enrolled Personal Assistant Candidates please go to the [Consumer Directed Services](#) website and complete the form at the following link [Consumer / Advocate - Search for a PCA Candidate or Request a Newsletter](#).

Personal Assistant Candidate - To add your information to the next Newsletter and Database, go to the [Consumer Directed Services](#) website and complete the form at the following link: [Look for a PCA Job \(FREE\) - New York City Metro](#).

VEXPUMP@GMAIL.COM on Monday, April 30, 2012 at 07:09:50

Personal Assistant Candidate: KATHLEEN COLLINS
Address1: 69 40 HILLMEYER AVENUE
Address2: APT1
Address3: ARVERNE, NY 11692
Phone: [1 347 246 6862](tel:13472466862)
Gender: Female
Type of Position: Personal Care / Home Health
Experience: Seniors,, Amputation,, Wheelchairs,, Lifters,, Other Equipment,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,, Special Diets,
Description of Special Diets: KOSHER, DIABETIC, ETC.
Description of Languages: ENGLISH
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: 60
Days per Week: 7
I am willing to work a 24 Hour Sleep-In schedule: YES
Target Salary Per Hour: 12.00
Target Salary Per Day: 120.00

sgio2189@gmail.com on Saturday, April 28, 2012 at 15:30:43

Personal Assistant Candidate: Stephanie Giovannone
Phone: [\(607\)3213162](tel:6073213162)
Best Time: Afternoon
Gender: Female
Type of Position: Personal Care / Home Health
Experience: Seniors,, Wheelchairs,, Mental Impairments / Alzheimer's Disease,, Languages
Description of Languages: English
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: 40
Days per Week: 3-4
Preferred Start Time: May 14
Days I Would Like to Work: Monday-Thursday (Open for Changes)
I am willing to work a 24 Hour Sleep-In schedule: I would be willing to do that.
Target Salary Per Hour: 12+
Comments: I live in upstate NY currently and am a CDPA through the Southern Tier Independence Center. I

will be moving down to Manhattan May 7th and am looking for a job. Other than working as a CDPA I am also a certified family care respite. I have been certified for the last 3 years. My parents are care providers and have been for nearly 26 years, I grew up in a family care home where I've cared for elders ranging from their 40's-80's . Personal Care is in my blood. I've managed personal hygiene, toileting, bathing, dispensing medication, transportation, cleaning, cooking, laundry and overall general supervision. Though I can do a lot, there is a lot that I could still learn and I'm willing to work with as long as people are willing to teach me. I'm looking into getting a PCA certification, but meanwhile I would love to get more hands-on and personal experience.

msavilesm@hotmail.com on Friday, April 27, 2012 at 21:24:40

Personal Assistant Candidate: amy matos
Address1: 100 Erskine Pl.
Address2: 23h
Address3: bronx ny 10475
Gender: Female
Type of Position: Domestic / Homemaking
Experience: Children,, Young Adults,, Seniors,, Wheelchairs,, Lifters,, Special Diets,, Languages
Description of Special Diets: low sodium
Description of Languages: spanish / english
Documentation Available: Social Security Number,, Proof of Identity,
Days per Week: 7
I am willing to work a 24 Hour Sleep-In schedule: yes
Target Salary Per Hour: 13.00

mignonnehery@hotmail.com on Friday, April 27, 2012 at 16:54:37

Personal Assistant Candidate: Marie E Chery
Address1: 676 East 58th Street
Address2: Brooklyn ny 11234
Phone: [347 254 5218](tel:3472545218)
Gender: Female
Type of Position: Personal Care / Home Health
Experience: Children,, Young Adults,, Seniors,, Paraplegia,, Quadriplegia,, Amputation,, Wheelchairs,, Mental Impairments / Alzheimer's Disease,, Languages
Description of Languages: english
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: 24
Days per Week: 2
Preferred Start Time: soon
Days I Would Like to Work: Saturday and Sunday
I am willing to work a 24 Hour Sleep-In schedule: NO

ladycharms18@gmail.com on Wednesday, April 25, 2012 at 18:50:17

Personal Assistant Candidate: Norma Gonzalez
Address1: 2036 Eastern Parkway
Phone: [6313342413](tel:6313342413)
Gender: Female
Type of Position: Domestic / Homemaking
Experience: Children,, Teens,, Languages
Description of Languages: spanish
Documentation Available: Social Security Number,, Proof of Identity,

Hours per Week: 34
Days per Week: 5
Preferred Start Time: 10
Days I Would Like to Work: monday thru friday
I am willing to work a 24 Hour Sleep-In schedule: no
Target Salary Per Hour: 10

jeanchelle@optonline.net on Wednesday, April 25, 2012 at 13:34:57

Personal Assistant Candidate: Jean-claude Etienne
Address1: 222East 54th Street Apt # 1
Address2: Brooklyn Ny11203
Phone: [718-484-8835](tel:718-484-8835)- [347-351-1222](tel:347-351-1222)
Best Time: morning
Fax: [718-484-8835](tel:718-484-8835)
Gender: Male
Type of Position: Personal Care / Home Health
Experience: Young Adults,, Seniors,, Wheelchairs,, Lifters,, Other Equipment,, Mental Impairments / Alzheimer's Disease,, Visual / Auditory Impairments,
Description of Special Diets: low soduim,soft diet and other
Description of Languages: english, Creole
Documentation Available: Social Security Number,, Proof of Identity,, Recommendations
Hours per Week: 40
Days per Week: 5
Preferred Start Time: open
Days I Would Like to Work: monday throught friday
I am willing to work a 24 Hour Sleep-In schedule: no
Target Salary Per Week: open
Comments: I have a medical assistant,certificate, physical aide,CNA ,i WORKED WITH PRIVATE PATIENT, i ASSISTED THEM WITH THEIR DAILY LIVING, LIGHT CLEANING,ASSISTED WITH MEDICATION,BATHING, i WORKED WITH PARKISTAN DISEASE,DEMENTIA,STROKE,HIGH BLOOD PRESURE ECT.

Reminder: Consumer Directed Services makes no representation (positive or negative) regarding the appropriateness of any PCA Candidate the Consumer may consider. Therefore, a Consumer's consideration of any of the PCA Candidates listed above or any of the Candidates referred by a PCA Employment Service does not in any way reduce or modify the Consumer's exclusive responsibility to manage the PCA evaluation and employment process.

*Note: Thanks to all of you for participating in the Consumer Directed Services program, and a special thank you to all those were able to contact the Consumer **Shirmine Okebiyi** to explore the previously posted employment opportunity. If you were not able to secure this position, it is my sincere hope that Consumers will post new opportunities in the near future and that you will have better luck next time.*

Articles Related to the CDPAP

HHS Announces 3 New Home & Community-Based Care Options under Affordable Care Act - April 27th, 2012 - The U.S. Department of Health & Human Services (HHS) announced yesterday [press release](#) three new programs made possible under the Patient Protection & Affordable Care Act (the "Affordable Care Act," which some call "Obamacare") to help Medicare and Medicaid beneficiaries receive care at home or in their communities, rather than having to be admitted to a hospital or nursing home.

"Studies have shown that home- and community-based care can lead to better health outcomes," the release stated. The new programs announced on April 26 include:

1. **Community First Choice Option** – HHS announced the Final version of the new Community First Choice Rule, which is a new state plan option under Medicaid. States choosing to participate in this plan option will receive a six percentage point increase in federal Medicaid matching funds for providing community-based attendant services and supports to beneficiaries who would otherwise be confined to a nursing home or other institution. The funding for this program was provided by the Affordable Care Act. More information on the new Community First Choice Option is found in a [Fact Sheet](#) provided by HHS. The new final rule on the Community First Choice Option may be viewed at www.ofr.gov/inspection.aspx.
2. **Independence at Home Demonstration** – HHS announced the first 16 primary care health care provider organizations that will participate in the new [Independence at Home Demonstration project](#), delivering home-based primary care to Medicare beneficiaries who elect to participate. These 16 primary care providers were selected "from a competitive pool of more than 130 applications representing hundreds of health care providers interested in delivering this new model of care," HHS said. "They will test whether delivering primary care services in the home can improve the quality of care and reduce costs for patients living with chronic illnesses."

"The Independence at Home demonstration, which is voluntary for Medicare beneficiaries, provides chronically ill Medicare beneficiaries with a complete range of in-home primary care services," HHS stated in its release. "Under the demonstration, the Centers for Medicare & Medicaid Services (CMS) will partner with primary care practices led by physicians or nurse practitioners to evaluate the extent to which delivering primary care services in a home setting is effective in improving care for Medicare beneficiaries with multiple chronic conditions and reducing costs. Up to 10,000 Medicare patients with chronic conditions will be able to get most of the care they need at home," HHS said. The demonstration project is scheduled to begin on June 1, 2012, and conclude May 31, 2015. This initiative is also developed and funded under the Affordable Care Act. More information on the Independence at Home Demonstration project and the organizations selected to participate is found on the [CMS website](#).
3. **Home and Community-Based Services State Plan Option** – HHS announced that it is seeking comment on a proposed new rule providing for another and separate Home and Community-Based Services state plan option under Medicaid. This plan option was originally authorized in 2005, and then was enhanced by the Affordable Care Act. "Like the Community First Choice Option, this benefit will make it easier for states to provide Medicaid coverage for home and community-based services," HHS said in its announcement. The proposed new rule on the Home and Community-Based Services State Plan Option may be viewed at www.ofr.gov/inspection.aspx.

Secretary Sebelius said. "Our goal is to provide person-centered support to every Medicare and Medicaid beneficiary, regardless of their physical ability or chronic health conditions," said Marilyn Travenner, Acting Administrator of the Centers for Medicare and Medicaid Services (CMS). "These services and programs will help keep these individuals' health stable, and keep them home where they want to be, while giving us even more tools to achieve better care for the patient, better health for the population, all at lower costs."



The Innovation Center selected 16 practices to participate in the Independence at Home Demonstration.

In December 2011, the Innovation Center released a call for applications for the Independence at Home Demonstration with applications due on February 6, 2012. All applications were assessed based on their ability to meet the criteria listed in the solicitation. In addition to a single practice, multiple primary care practices within a geographic area may apply as a consortium, but are considered as a single entity for the demonstration. For those applicants that submitted a Letter of Intent to apply as a consortium by February 6, 2012, applications are due to CMS by Friday, May 4, 2012. Selected consortiums will be announced at a later date.

Participating Practices

- Boston Medical Center (Boston, Massachusetts)
- Christiana Care Health Services (Wilmington, Delaware)
- Cleveland Clinic Home Care Services: Medical Care at Home Program (Independence, Ohio)
- Comprehensive Geriatric Medicine P.C. (Brooklyn, New York)
- Doctors Making Housecalls, LLC (Durham, North Carolina)
- Housecall Providers, Inc. (Portland, Oregon)
- MD2U (Louisville, Kentucky)
- National House Call Practitioners Group (Austin, Texas)
- North Shore – Long Island Jewish Health Care Inc.: Physician House Calls Program (Westbury, New York)
- RMED, LLC (Jacksonville, Florida)
- Visiting Nurse Housecall, LLC (Atlanta, Georgia)
- Visiting Physicians Association, P.C. – Flint/Saginaw/Marysville (Flint, Michigan)
- Visiting Physicians Association, P.C. – Lansing/Ann Arbor (Okemos, Michigan)
- Visiting Physicians Association, P.C. – Milwaukee (West Allis, Wisconsin)
- Visiting Physicians Association of Texas, PLLC – Dallas (Irving, Texas)
- Wellness Resources Network, LLC (Sunrise, Florida)

innovation.cms.gov/Files/fact-sheet/IAHfactsheet.pdf



Markey, Wyden Applaud Selection of Innovative Independence At Home Pilot Programs

- IAH is modeled after the highly successful Home-Based Primary Care program run by the Department of Veterans' Affairs (VA) for decades. Under the VA program, hospital stays have dropped by more than 60 percent. Nursing home days went down by 88 percent. Patients avoid unnecessary hospitalizations and their families receive much needed relief from providing care for their loved one.

“Thanks to Independence at Home, our most vulnerable seniors can receive care in their living room rather than an emergency room,” **said Rep. Markey.** “This vital program will enable teams of doctors and nurses to care for severely ill Medicare patients in the home, bringing the house calls of yesteryear into the 21st century, going from the black bag to the Blackberry. Coordinating care and closely monitoring patients to catch health problems early are hallmarks of Independence at Home, enabling seniors to remain in the comfort of their home for as long as possible. This not only saves money but also increases the peace of mind of patients in their twilight years. I congratulate Boston Medical Center for being selected to participate in this innovative demonstration to fix the broken and fragmented way our frail, chronically ill seniors receive care today. I will continue to work with my colleagues and CMS to make the Independence at Home program accessible to all Medicare beneficiaries and their family caregivers in the future.”

“With Independence at Home, we have an opportunity to both improve the health outcomes for thousands of Medicare beneficiaries and to dramatically reduce the cost of treating these most expensive patients at the

same time,” said Senator Wyden. “Congressman Markey and I have worked for years to see home-based healthcare brought to the Medicare system but we still have work to do. With only 10,000 patients in the demonstration project it will take time for the program to reach its full potential but I am confident that the benefits and cost savings of home-based care will prove that the program deserves to be a larger part of the Medicare equation. Today’s announcement, however, is great news for the thousands of patients and hundreds of providers who will benefit from home-based care right now.”

Approximately four million seniors currently living with advanced chronic illnesses - such as diabetes, Alzheimer’s disease, and heart disease - are too ill or disabled to visit their physician easily when they need care. These seniors, representing 10 percent of Medicare, account for two-thirds of Medicare’s expenditures. The top five percent of Medicare beneficiaries, by cost, account for nearly 50 percent of Medicare’s expenditures. Additionally, because it can be difficult for chronically-ill seniors to access a physician’s office for preventive care and proactive medical management, they experience unnecessary emergency room visits and avoidable hospitalizations and readmissions. Only about one-tenth of the estimated home primary care visits needed to adequately care for this population are now made. The main barrier is the lack of payments or incentives for chronic care coordination. Independence at Home will address this gap by allowing the teams of healthcare providers to keep some of the savings if they are successful in lowering the cost of care for their patients.

<http://markey.house.gov/press-release/markey-wyden-applaud-selection-innovative-independence-home-pilot-programs>



At Home with Grandma and Grandpa Jetson by [klheyman](#) on 2012-04-24 08:19 AM - last edited on 2012-04-24 08:19 AM *That the “Greatest Generation” have now become elderly and frail underscores the need for solutions that allow seniors—and eventually ourselves—to live independently, despite health challenges. “Aging in Place” has become a new mantra, pushed by primarily by two issues: The emotional realization of how grim nursing home living is, and the economic realization that it is far cheaper to care for loved ones in their own home. The latter has been reinforced by the [Independence at Home Act](#), which for the first-time allows Medicare to be used to pay for home-based care, rather than just for far more expensive institutional care.*

“[The Act] sets in place a set of reimbursements for physicians and clinicians to deliver care and services to the homes of older people and not require them to come into an institution whether temporarily or permanently,” says [Eric Dishman](#), director of Health Innovation at Intel, “That creates, to a degree, a market for independent-living technologies and remote health management technologies.”

Indeed, the promise of reimbursement, combined with the desperate need for in-home solutions, has inspired technology R&D at corporations like Intel and at a small start-ups like Hudsmith’s Parental Health. “You’re suddenly seeing a growing interest in the ability to do healthcare delivery in the home or the community, because before you would have to do all these obscure, almost tax-code like ways to get Medicare to reimburse for it,” says Dishman. In fact the interest is so intense, Dishman was shocked by the turn-out at a healthcare conference he keynoted.

As you may imagine, the [American Academy of Homecare Physicians](#) doesn’t usually attract an SRO crowd, since there are so few doctors left who make housecalls. Yet this year, according to Dishman, “They had to literally [tear down the walls](#) of the conference.” The biggest sign of change: “I took home business cards from seven different hedge fund and VC capital managers. It was an indicator that the marketplace is changing as a result of health reform,” says Dishman.

Existing healthcare providers, such as hospitals and HMOs, are also behind the trend, says Dishman. “Increasingly, when you do that math, you figure out that the only way that you can achieve those cost goals that maintain your quality is to deliver services in the home and in the community.”

"My Dad was balancing 12 different point solutions to monitor his health. It just didn't make sense," says Hudsmith. To help his father and others like him to take charge of their own health, Hudsmith and his team developed software with a friendly interface that runs on HP's TouchSmart tablets and other touchscreen devices. So friendly, in fact, it's named MISTY (Medical Information Systems To You). Hudsmith envisions MISTY not merely as a healthcare tool, but a "life management" system.

It may be a perfect piece of irony. It's often the older generation who complain about technology keeping us from talking to each other face-to-face. Yet in the end, it may be technology that allows us to finally hear from them what matters most.

<http://h30565.www3.hp.com/t5/Feature-Articles/At-Home-with-Grandma-and-Grandpa-Jetson/ba-p/3041>



Making sure home care will be available when we need it - By CANDACE HOWES

Published 04/27/2012 12:00 AM - The General Assembly is considering legislation that would allow home care workers to bargain collectively. Connecticut must pass legislation that addresses the limitations in our current system or we put our ability to provide long-term care in jeopardy.

First, let's be clear about the challenges we face. Between demographic changes and the preference of seniors and people with disabilities to remain at home, Connecticut will need an estimated additional 10,000 workers to meet the demand for home care workers. Recruiting and retaining quality home care workers is something consumers struggle with daily. Between 40 and 60 percent of personal care attendants (PCAs) leave their jobs each year. That means consumers may have to find a new provider every six months.

In Connecticut, PCAs earn half the median wage for all occupations in the state. They usually lack health insurance or receive it through Medicaid. We know from government statistics that home health aides have the highest recorded non-fatal injury rates of any occupation. To make things worse, Connecticut's home care waiver programs are currently designed so that PCAs cannot work enough hours for any one consumer to qualify for workers' compensation. If they are injured on the job they have to work with the injury, go without income or find another job.

Many states, including Maryland and Massachusetts, have allowed home care workers to bargain collectively and created workforce councils with consumer representation - such as the one being proposed in the Connecticut bill. Under this model, consumers hire their own providers, train and direct their work and have the right to fire the provider. The council sets the wage rates with state approval. The workers are not state employees; instead, the workforce council functions as the employer for the purposes of collective bargaining. Providers have no right to strike, nor can they grieve conflicts with their consumer.

These improvements have reduced turnover, which consumers say is one of their biggest challenges. In California, home care worker turnover is 25 percent, half the average of home care workers nationwide. Other studies have found that about one-third of PCAs intend to leave the field within one year and 47 percent within two years, whereas only 6 percent of California PCAs report they intend to leave their jobs within two years. These may look like abstract numbers, but for consumers who depend on these workers to maintain their independence, these statistics translate to higher quality care and more stable lives.

This bill takes what works - consumer directed care - and makes much-needed improvements in conditions for workers, ensuring that we will have the high-quality care services available to those of us who need them.

Candace Howes, Ph.D., is a professor of economics at Connecticut College, where she has taught since 1995.

She recently co-authored a book on the care workforce, which includes long term care workers and has completed research on the consumer-directed personal care assistance workforce in California. She lives in Stonington. <http://www.theday.com/article/20120427/OP05/304279992/1070/mobile&template=mobile>

PCA Employment Agencies

If your Personal Care Assistant (PCA) Employment Service assists Self-Pay and CDPAP Consumers in the NYC Metro Area, you can have your agency information added to the following list by completing the [Employment Service Enrollment Form](#).

Fifth Avenue Committee

Aaron Shiffman

621 DeGraw Street, Brooklyn, New York 11217

ashiffman@fifthave.org

718-237-2017

Northern Manhattan Improvement Corp

Evan Hess

76 Wadsworth Ave, New York, NY 10033

evanhess@nmic.org

212-822-8300

Queens Community House

Ana Lopez-Betancourt

108-25 62nd Drive, Forest Hills, NY 11375

abetancourt@queenscommunityhouse.org

718-898-7461 x 19

YWCA of NYC

Anne Alfred

50 Broadway, New York, NY 10004

aalfred@ywcanyc.org

718-723-6170

Center For Family Life Employment

Maria Ferreira

443 39th St, Brooklyn, New York 11232

mferreira@cflsp.org

718-633-4823

Eugenio María de Hostos Community College

Greg Ventura

500 Grand Concourse, Bronx, New York 10451

gventura@hostos.cuny.edu

(718) 518-4444

El Barrio's Operation Fight

Gustavo Rosado

413 E 120th St # 403 New York, NY 10035-3602

ebofb413@aol.com

212-410-7900

Bronxwork Inc Kedon Wilson

391 E 149th St, Bronx, NY 10455

kwilson@bronxworks.org

(718) 993-8880 ext. 237

Brooklyn Bureau of Community Service

Leslie Klein

285 Schermerhorn St, Brooklyn, NY 11217

lklein@WeAreBCS.org

718-310-5600

Our Planet Management Institute

Lisa Ying

116 John Street, #200, New York, NY 10038

lisa@opmi.org

212-269-4000

Kingsborough Community College

Marisa Joseph

2001 Oriental Blvd, Brooklyn, NY 11235

marisa.joseph@kbcc.cuny.edu

718-368-5563

Mercy Center

Mary Ellen Gianino

377 East 145th Street, Bronx NY 10454-1006

meg@mercycenterbronx.org

(718) 993-2789

New York City College of Technology

NYC Technical College Placement Office

300 Jay St, Brooklyn, NY 11201

employmentsvc@citytech.cuny.edu

(718) 260-5050

Blessed Healthcare Staffing Agency

Tissha Thomas

1 Belvedere Ave, Suite A, Farmingdale, NY 11735

tithomas@bhcsa.com

(631) 390-8646

Konedu Home Care, LLC

Carie Jones Smith

140 Captain Thomas Blvd

West Haven, CT 06516

helpingfamilies@koneduhomecare.com

Phone: [800 418-3299](tel:8004183299)

Fax: [888 281-6525](tel:8882816525)

Fee: No Employer Fee